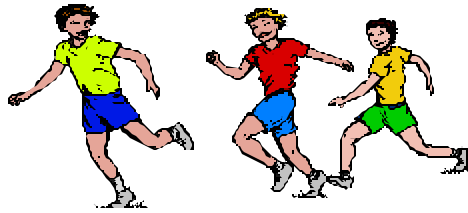


"Grab-N-Go"



Everything you need when a child with diabetes is coming to your school. All of these items are **"copier-ready"**.

List of Pocket Contents

1. Checklist for School Nurses
2. Authorization for Release of Medical Information
3. Prescription Medication Order and Permission Form
4. Statement for Children Requiring Modifications in School Meals
5. Diabetes Identification Card
6. Hypoglycemia and Hyperglycemia Checklists (front/back)
7. Actions for the Principal
8. Actions for the Teacher
9. Actions for the Health Enhancement/PE Teacher and Coaches
10. Actions for Food Service Personnel
11. Actions for the Counselor

School Nurse Checklist for Diabetes Care at School

Date:

	1. School Nurse is notified that child with diabetes will be attending school.
	2. Arrange a meeting/home visit with parents/legal guardian and child and complete Individualized Healthcare Plan (IHP)
	<div>a. Discuss current health status and management of diabetes-care at home.</div> <div>b. Observe parent/child performing healthcare procedures</div> <div>c. Discuss parent/child expectations of diabetes care while at school.</div> <div>d. Discuss level of care needed in school.</div> <div>e. Discuss role of the personnel involved in providing the health care at school.</div> <div>f. Obtain parent/guardian written consent to include the following: <div>1) To administer healthcare services for school attendance and school related activities</div> <div>2) To allow the school nurse to communicate with the primary healthcare provider.</div> </div> <div>g. Collaborate with parent to develop details of the Individualized Healthcare Plan (IHP), potential accommodations and all supplies needed during the school schedule, all school related activities and a 3 day disaster plan.</div> <div>h. Provide parent with copies of forms if desired.</div>
	3. Obtain physician's specific prescribed written authorization for healthcare services and parent's written consent on the same form.
	4. Assemble procedures as identified in the IHP and review with site administrator. The administrator designates staff and back-up staff to be trained. This may occur before an IEP and/or 504 meeting is convened. Training can begin when parent written consent and physician's written authorizations have been received. Designated staff should not perform standard procedures needed until completion of training and competency is achieved. Interim arrangements may need to be made for child school attendance.
If a 504 Plan is requested or an IEP is determined to be necessary, follow step #5. If not, proceed to step #6.	
	5.
	<div>a. When a 504 Child Study Team or an Individualized Education Plan Team meeting convenes, the team reviews the IHP and accepts</div>

	and/or makes modifications/changes as agreed. A copy of the final IHP is attached to the 504 Plan or IEP.
	<p>b. The assessment component of the 504 Plan or IEP must include a statement indicating the attachment of the IHP.</p> <p>c. The Designated Instructional Services (DIS) component of the 504 Plan or IEP must include School Nursing Services for managing the ISHP and training and supervising designated staff.</p>
	6. Plan, Organize and Implement designated staff training regarding diabetes management healthcare procedures and implementation of the ISHP:
	<p>a. Plan:</p> <ol style="list-style-type: none"> 1) Review CPR dates of designated staff. Arrange for training if needed. 2) Develop a training program for designated staff. Include an agenda and time frame for components and sign-in form for documentation of training dates. 3) Plan an Inservice for teachers, lunchroom and playground personnel, principal, transportation, coaches, bus drivers, etc. offering a condensed version of the training program emphasizing emergency diabetes care.
	<p>b. Organize:</p> <ol style="list-style-type: none"> 1) Duplicate necessary training materials and assemble in orderly fashion for all participants in the training 2) Develop and organize a schedule for training
	<p>c. Implement:</p> <ol style="list-style-type: none"> 1) Train all designated staff to level of 100% competency in knowledge and skills in performing standard healthcare procedures and child emergency response procedures. 2) Supervise and monitor staff performance of all procedures and child outcomes. Electronic availability of the school nurse to all trained staff is essential for adequate supervision and support (pager and cell phones for immediate response for problem solving and directions in emergencies). 3) Manage IHP: With parent input, monitor and review outcomes of plan and initiate necessary changes <u>not requiring physician authorization</u>. Maintain current records and authorizations for all changes requiring physician authorization. Inform and/or train designated staff of all changes in procedures and log event and dates. 4) Arrange a classroom presentation on diabetes if requested.

Authorization for Release of Medical Information

To: _____
(Doctor's Name)

From: _____

(Your Name and Address)

Please send information about my child: _____

Date of Birth: ____/____/____

To: _____

Information to be sent:

- ☐ Problem list only
- ☐ An update on _____
- ☐ Ongoing progress on _____
- ☐ Consultation by school nurse _____

(Signature of parent/guardian)

Adapted from Vermont Manual — Recommendations for Management of Diabetes for Children in School

Prescription Medication Order and Permission to Administer Medication and to Check Blood Sugar Form

(To be returned to the school nurse)

From time to time, it may be necessary for your child to take prescription medicine for treatment of an illness. Medicines that are ordered to be taken less than 4 times a day can and should be taken at home. However, if medicine must be taken 4 times a day, or at a specific time scheduled during school hours, the school nurse, as mandated by state law, may dispense medications **ONLY WITH THE FOLLOWING:**

1. Medication order, signed by the physician
2. Parental authorization, signed by the parent
3. Original pharmacist labeled bottle

MEDICATION ORDER

Child: _____ Date of Birth: ____ / ____ / ____

Medication: _____

Directions: _____

Reason for giving: _____

Date: ____ / ____ / ____ Telephone number of physician: _____

(Signature of Physician)

PERMISSION TO ADMINISTER

Date: ____ / ____ / ____ I hereby give my permission for _____
to take the above prescription at school as directed.

(Signature of Parent/Guardian)

PERMISSION TO CHECK BLOOD SUGAR LEVEL

Date: ____ / ____ / ____ I grant permission for the school nurse to check my child's blood sugar level at school during a crisis or emergency situation.

(Signature of Parent/Guardian)

Date: ____ / ____ / ____ I grant permission for the school nurse to check this child's blood sugar level during a crisis or emergency situation.

(Signature of Physician)

Statement for Children Requiring Modification of School Meals

Name of Child: _____ Birth date: _____

Name of Parent/Guardian: _____ Daytime Phone: _____

Disability or Medical condition requiring modification of school meals: _____

Major life activity affected by child's disability (please check all that apply):

☐ caring for one's self ☐ eating ☐ performing manual tasks ☐ walking ☐ seeing
☐ hearing ☐ speaking ☐ breathing ☐ learning ☐ working

<input type="checkbox"/> Restricted Nutrition	<input type="checkbox"/> Increased Nutrient	<input type="checkbox"/> Modified Texture
<input type="checkbox"/> Calorie <input type="checkbox"/> Controlled Carbohydrate <input type="checkbox"/> Protein <input type="checkbox"/> Sodium <input type="checkbox"/> Fat/Cholesterol	<input type="checkbox"/> Calorie <input type="checkbox"/> Protein <input type="checkbox"/> Fiber <input type="checkbox"/> Other	Describe required modification: _____ _____ _____ _____

<input type="checkbox"/> Foods to be omitted from the diet	
List all that apply:	Foods that may be substituted:

Special Utensils Needed: _____

Tube Feeding Required: _____

Other Accommodations needed: _____

For child with a disability: Signature of Physician: _____ Date: _____

For non-disabled child: Signature of Other Medical Authority: _____ Date: _____

Adapted from Vermont Manual — Recommendations for Management of Diabetes for Children in School

Diabetes ID Card

My Photo

My name is _____

I am _____ years old **AND I HAVE DIABETES**

This means that my pancreas does not make insulin. Without insulin, the food I eat cannot be used for energy. To treat diabetes, I must take insulin everyday and also try to balance my activity level and the food I eat. Several times a day I must check my blood sugar level using a special meter I always have with me. It's important that you understand some facts about diabetes while I'm in your care. Please read this and keep it nearby.

FACT 1: MEALS AND ACTIVITY

My blood sugar is affected by the food I eat, the amount of activity I get and the amount of insulin I take. Please make sure that:

- My meals and snacks are eaten on time
- I eat my meals at _____, _____, _____
- I may need an extra snack before, during, or after a strenuous activity. I will check my blood sugar to see if I need to eat. So please allow me to do this.

FACT 2: LOW BLOOD SUGAR REACTIONS

Occasionally, my blood sugar may be too low. (insulin reaction) A reaction is most likely to occur: just before lunch, right after strenuous activity, if my meal is delayed, or if I don't eat enough food.

If my blood sugar goes too low, I will have the following symptoms or signs: _____

- If this happens **I NEED SUGAR IMMEDIATELY!**
 - you can give me _____
 - you will find this _____
- If I'm not better in 10-15 minutes, give me _____
- I will need to check my blood sugar if possible.
- If my blood sugar drops too low, I may become sleepy, unconscious, or have a seizure.

DO NOT TRY TO FEED ME. INSTEAD CALL 911 or call _____ at _____ (phone #) to give me GLUCAGON by injection. If this happens, please call my parents.

EMERGENCY NUMBERS:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Other: (relationship): _____ Phone: _____

Hypoglycemia Checklist for Teachers/Staff:

LOW BLOOD SUGAR (HYPOGLYCEMIA)

Low blood sugar (hypoglycemia) is defined as a blood sugar level tested less than 60 mg/dl. The child may feel “low” and show any of the symptoms below. A low blood sugar episode does not feel good and may be frightening for the child. **Low blood sugar can develop within minutes and requires immediate attention! Never send a child with suspected “low blood sugar” anywhere alone!** The buddy system may work well for this – the child picks two friends to help take him/her to the health office, should the situation arise.

Causes	
	Late food or too little food Too much exercise Too much insulin A planned or unplanned activity without additional food

Symptoms/signs	Mild	Moderate	Severe
	Hungry Shaky Dizzy Sweaty Pale Increased heart rate Anxiousness Weakness, tiredness Irritability to concentrate Inability to concentrate Personality change	Headache Behavior changes Poor coordination Confusion Blurry vision Weakness Slurred speech	Loss of consciousness Seizure

Symptoms can vary per child as well as per hypoglycemic event, particularly at different ages. Often children will not have an awareness of low blood sugar symptoms until they are 7 or 8 years of age.

Management	Mild	Moderate	Severe
	Child treats self Ingests quick sugar source such as: 2-3 glucose tabs or 4-8 oz. Juice or Glucose gel or 4-8 oz regular (not diet) soda or 3-8 Lifesavers	Someone assists. Insist on child swallowing quick sugar source as listed under mild management.	Call 911. Position on side, if possible Don't attempt to give anything by mouth.

Follow-up management for mild or moderate low blood sugar:

Wait 10-15 minutes. Repeat food if symptoms persist or blood sugar remains less than 60, if known. Follow with snack of carbohydrate and protein (e.g., crackers and cheese) if it is more than ½ hour until the next meal.

**If you have a way to check blood sugar, do so
BUT ALWAYS, WHEN IN DOUBT, TREAT.**

- Send for help if unsure of what to do.
- If child is unconscious or unable to swallow, DO NOT try to feed. Place on side and call 911. After 911 has been called, the office should contact parents.

Acknowledgement: Washington State Task Force for Childs with Diabetes

Hyperglycemia Checklist for Teachers/Staff:

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

High blood sugar (hyperglycemia) is defined as a blood sugar level greater than 240 mg/dl. It occurs over time, hours and days, and indicates the need for evaluation of management. Childs who will be checking their blood sugars at various times during the day are generally able to self-treat. However the child may require occasional assistance. Note that **undiagnosed** children may exhibit some or all of the following signs, including weight loss.

Causes	
	Too much food Too little insulin Decreased activity Illness Infection Stress

Symptoms/signs	Mild	Moderate	Severe
	Thirst Frequent urination Fatigue/sleepiness Increased hunger Loss of concentration Blurred vision Sweet breath Urine ketones (varies from 0 to small)	Dry mouth Nausea Stomach cramps Vomiting Urine ketones (moderate to large)	Labored breathing Very weak Confused Unconscious Urine Ketones (Moderate to large)

Management	Mild	Moderate	Severe
	Drink zero-calorie fluids (i.e., water). Decrease activity, if ketones present. Check urine ketones, if test strips available	Drink zero-calorie fluids, as tolerated. Check urine ketones, if test strips available. Decrease activity. Call doctor. Antinausea suppository, if prescribed.	Call 911.

Child may need to use the bathroom frequently AND should be allowed to do so. High blood sugar is characterized by excessive thirst. It is important to drink plenty of water and it may be helpful for the child to use a water bottle in the classroom. School district or classroom policy may need to be amended for these accommodations.

Acknowledgement: Washington State Task Force for Childs with Diabetes

ACTIONS FOR THE PRINCIPAL

As an education administrator, your community depends on your leadership to help make your school a safe place to learn. For students with diabetes, this means having a caring & trained staff who support them. With just a few special considerations, a student with diabetes can have a normal & positive school experience.

- ❖ Be knowledgeable about federal & state laws that protect the rights of students with diabetes.
- ❖ Meet with the family, school nurse, teachers, playground supervisors, coaches, bus drivers, school food service directors, and any other pertinent personnel.
- ❖ In the absence of health personnel in your school, assign responsibilities to other staff.
- ❖ Identify specific actions for school personnel to perform in the management program.
- ❖ Identify school policies & procedures regarding medication & treatment.
- ❖ Discuss the routine medical practices that will assist the student in maintaining a normal school experience.
- ❖ Identify school & family expectations.
- ❖ Develop a specific plan of action for school personnel in case of an emergency.
- ❖ Identify & provide educational needs to staff to carry out the plan of action in an emergency.
- ❖ Identify appropriate practices for providing privacy & safety in blood sugar monitoring is required.
- ❖ Identify food & snack requirements & limitations.
- ❖ Identify educational resources available to staff, students, and family.

If there is no school nurse at your school, contact your State Department of Education, local health department, doctor's office, diabetes educator, or the American Diabetes Association to help locate a Registered Nurse to delegate tasks to an appropriate staff member.

- ❖ *Adapted from the American Diabetes Association serving Oregon & Clark County Washington.*

ACTIONS FOR TEACHERS

Within the caring school community, your classroom is a student's "home away from home". Students with diabetes especially depend on you to provide open and ongoing communication with parents, creating a "team". With a few special considerations, and some basic diabetes knowledge, you can support these students with very little disruption or interruption to your classroom.

- ❖ Meet with family, school nurse, principal, playground supervisors, coaches, and food service workers.
- ❖ Collectively develop an understanding of diabetes and the diabetes-related needs of the student.
- ❖ Learn to recognize the signs and symptoms of low blood sugar (insulin reaction).
 - When it is most likely to occur
 - How to prevent it
 - How to treat it
- ❖ Learn to recognize the signs & symptoms of high blood sugar.
- ❖ Develop a plan of action for emergencies.
- ❖ Identify food & blood sugar checking requirements and routines.
 - Routine
 - Privacy
 - School safety procedures
- ❖ Communicate regularly with family.
- ❖ Have a plan to communicate the student's needs to any substitute teachers that work in your classroom. Don't forget to provide copies of this same plan to field trip staff.
- ❖ Offer to provide the student & parent an opportunity to talk with the class about diabetes.

For specific information regarding the recognition of high & low blood sugars, please refer to the "Checklists for Teachers & Staff".

- ❖ ***Adapted from the American Diabetes Association serving Oregon & Clark County Washington.***

ACTIONS FOR HEALTH ENHANCEMENT/PE TEACHERS AND COACHES

As a coach or health enhancement/PE teacher, your skill at encouraging students with diabetes to participate in health activities will go a long way to helping these students develop life long exercise habits to maintain their health. Your knowledge about diabetes and ability to quickly recognize low blood sugars will give your student a safe and fun physical education or sports experience.

- ❖ Encourage exercise and participation in sports for students with diabetes.
- ❖ Be aware that more than usual physical activity can cause a low blood sugar (insulin reaction). Occasions when more exercise is likely to occur include:
 - During sports event participation
 - More vigorous outdoor activities on a sunny day
 - A physically active field trip
 - Extended or additional recesses
- ❖ Be familiar with the signs, symptoms and treatment of low blood sugar (insulin reaction).
- ❖ Develop a plan of action for managing low blood sugar and emergencies.
- ❖ Encourage students with diabetes to take responsibility by trying to prevent low blood sugar reactions.
- ❖ Refer to the parents and school nurse if you have questions about the student's ability to fully participate in physical education/sports.

Suggested Foods to Prevent Low Blood Sugar

Cheese and Crackers **OR**

Sandwich **OR**

Glass of milk and ½ sandwich

- Providing an extra snack prior to additional activity can prevent low blood sugar.
- Low blood sugar prevention guidelines need to be discussed with the parents and established as part of the student's individual health plan.

(For specific information regarding the recognition and treatment of low blood sugars, please refer to the "Hypoglycemia Checklist for Teachers and Staff")

- ❖ ***Adapted from the American Diabetes Association serving Oregon and Clark County, Washington.***

ACTIONS FOR FOOD SERVICE PERSONNEL AND OTHER FOOD PROVIDERS

Good nutrition is critical for students with diabetes, but you will be happy to know that the old restricted “diabetic” diet has now been replaced with a new approach that is easier for you and students. With a few considerations students with diabetes can now participate in special food celebrations with their friends. Your efforts to learn more about diabetes will enable you to enjoy greeting happy and healthy kids.

- ❖ Review and be familiar with the “Nutrition” section of this manual (“Children with Diabetes – A Resource Guide for Schools”).
- ❖ Be familiar with the signs, symptoms and treatments of high and low blood sugar. Keep food sources of fast-acting carbohydrates on hand for quick access if needed. Examples include:
 - 4-6 oz. Fruit juice
 - 1 Tablespoon sugar or honey (best dissolved in small amount of water)
 - Cake gel
- ❖ Provide menus to families in advance.
- ❖ Provide serving size and carbohydrate content of foods to families, upon request. (Look for the “Nutrition Facts” label on food packages.)
- ❖ Provide positive reinforcement to students when they make nutritious food choices.
- ❖ Receive training in carbohydrate counting (if possible) to help students make menu choices.
- ❖ Communicate with the school nurse about low blood sugar episodes, high blood sugar, nutrition, and the student’s general progress in coping with diabetes management in school.
- ❖ Never withhold food for discipline or punishment.

(For specific information regarding the recognition of high & low blood sugars, please refer to the “Checklists for Teachers and Staff”)

- ❖ ***Adapted from the American Diabetes Association serving Oregon and Clark County, Washington.***

ACTIONS FOR THE COUNSELOR

Can you imagine being told that you have a disease that requires care 24 hours a day? Students with diabetes have been dealt a large deck that even adults would have a hard time coping with-especially right after diagnosis. Counselors are in a unique position to offer emotional support for a student with diabetes and even a small amount of time from you can help ensure a positive school experience.

- ❖ Coordinate a conference with the school nurse, the family, teachers, principal, playground supervisors, coaches, lunchroom workers and any other persons involved in the student's school life. Develop an understanding of diabetes and the student's requirements to manage it effectively.
- ❖ Recognize that learning to cope with diabetes can be hard. Management routines are required all day, every day.
- ❖ Teachers may notice low self-esteem, withdrawal from activities, and discouragement over the routines required in managing diabetes. Also, fluctuations in blood sugar levels may produce mood swings and sudden behavior changes may indicate low blood sugar requiring immediate treatment.
- ❖ Understand that the student with diabetes may feel different from peers and need your help with a variety of adjustment issues.
- ❖ Coordinate (if appropriate and if it is alright with the student) a class discussion about diabetes and the student's management needs.

Adjustment Issues

- **Special scheduling requirements for:**
 - **Meals/snacks**
 - **Physical education**
 - **Blood glucose monitoring**
- **Uncomfortable feelings regarding the above situations experienced by the student with diabetes and his/her classmates**
- **Family communication**
- **Coping mechanisms of student and family**
- **Compliance with diabetes management needs.**

- ❖ ***Adapted from the American Diabetes Association serving Oregon and Clark County Washington.***